

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

306004063

Building Address 14230 Meadow Lake Dr.
Glenn, MD
 Suite/Apt. #: — SDP/WP/Petition #: —
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 21 Parcel 97 Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Richard + Jane Kim
 Address 14230 Meadow Lake Drive
 City Glenn State MD Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Single Family Dwelling
 Proposed Use Single Family Dwelling
 Estimated Construction Cost \$ _____
 Description of Work Add Sunroom to side of home 30x14

Contractor Company Old Line Builders
 Contact Person Mike Fitzgerald
 Address P.O. Box 1854
 City Westminster State MD Zip Code 21157
 License No. _____
 Phone 443 857-9051 Fax _____

Occupant or Tenant Richard + Jane Kim
 Contact Name Richard Kim
 Address 14230 Meadow Lake Drive
 City Glenn State MD Zip Code _____
 Phone (240) 674-7416 Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> _____ Depth _____ Width _____	Water Supply: _____ _____ Public _____ Private
1st floor: _____	Sewage Disposal: _____ _____ Public _____ Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____

Print Name _____

Title/Company _____

Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St. _____	Add'l per. fee \$ _____
Health	<u>6/10/04</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>				Accepted by _____

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

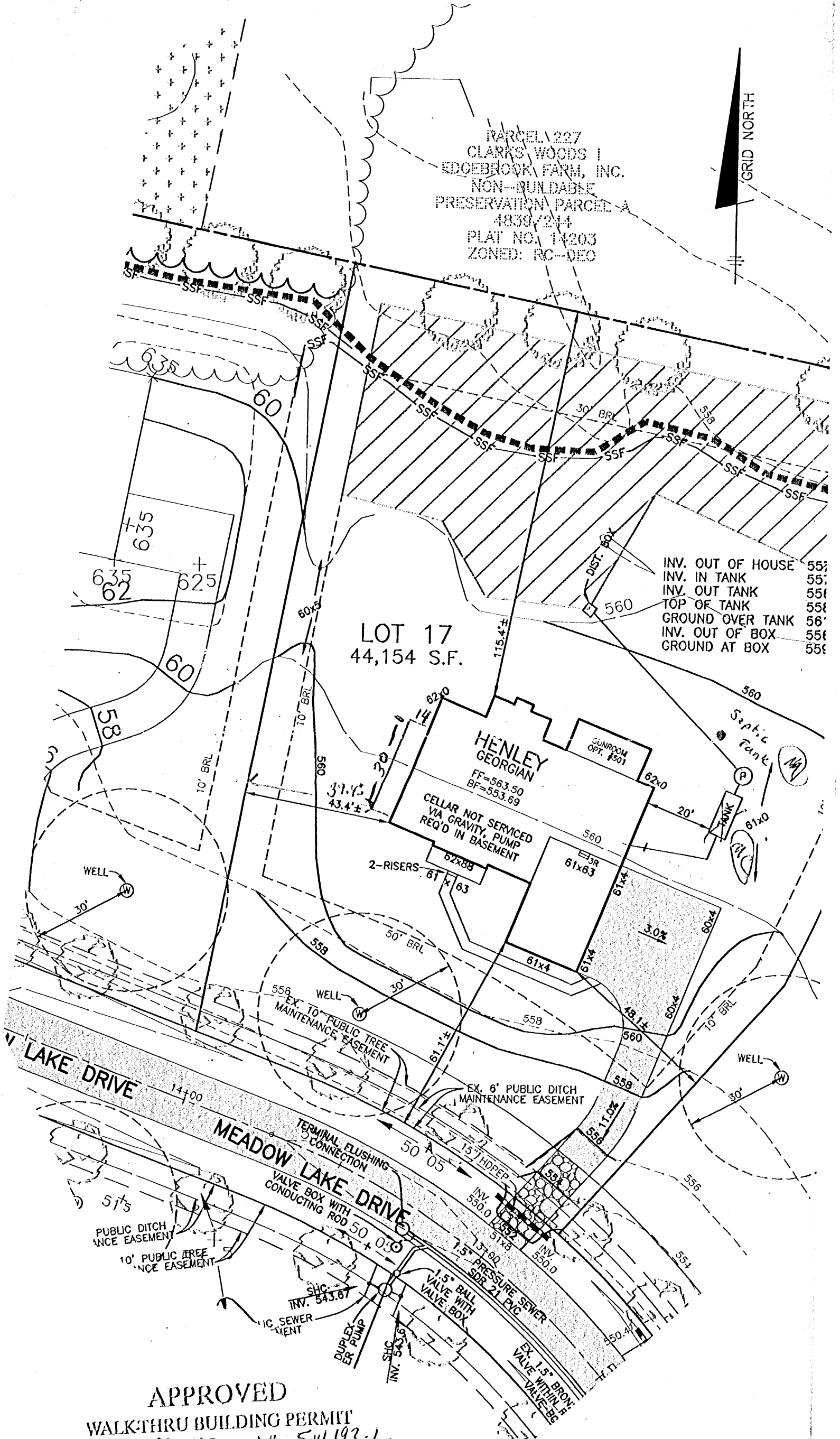
Pink: Health

Gold: SHA

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PARCEL 227
 CLARKS WOODS I
 EDGEHOOK FARM, INC.
 NON-BUILDABLE
 PRESERVATION PARCEL A
 4839/214
 PLAT NO. 14203
 ZONED: RC-DEC

GRID NORTH



INV. OUT OF HOUSE 557
 INV. IN TANK 557
 INV. OUT TANK 558
 TOP OF TANK 558
 GROUND OVER TANK 56'
 INV. OUT OF BOX 558
 GROUND AT BOX 558

LOT 17
 44,154 S.F.

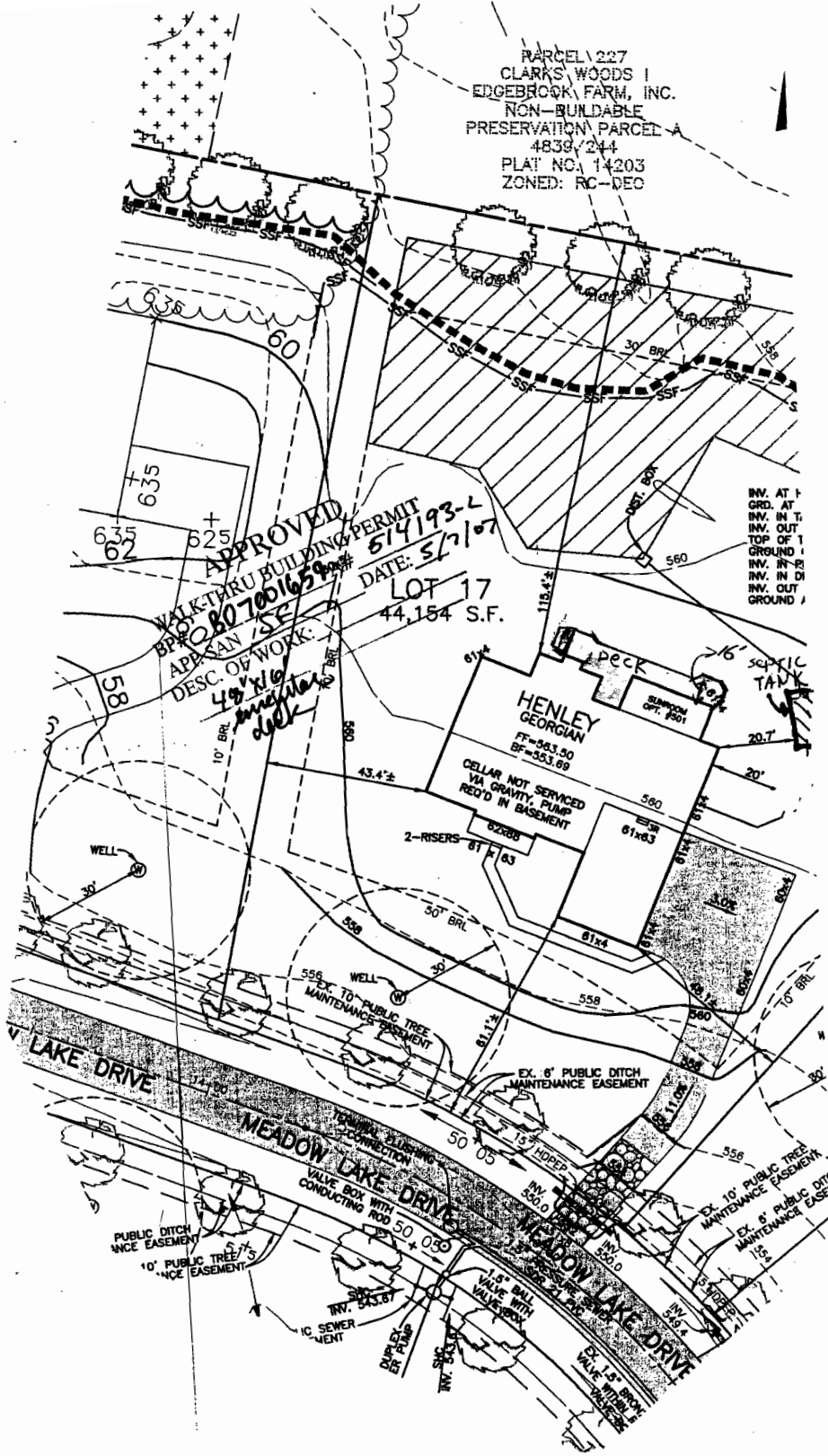
HENLEY
 GEORGIAN
 FF=563.50
 BF=553.69

CELLAR NOT SERVICED
 VIA GRAVITY, PUMP
 REQ'D IN BASEMENT

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B06004063 A# 514193-L
 APP. SAN SF DATE: 6/8/06
 DESC. OF WORK:
 30' x 14' addition
 sunroom

PLAN
 SCALE: 1" = 30'

PARCEL 227
 CLARKS WOODS I
 EDGEBROOK FARM, INC.
 NON-BUILDABLE
 PRESERVATION PARCEL A
 4839/244
 PLAT NO. 14203
 ZONED: RC-DEC



INV. AT 1
 GRD. AT
 INV. IN T
 INV. OUT
 TOP OF 1
 GROUND 1
 INV. IN 2
 INV. IN DI
 INV. OUT
 GROUND 1

APPROVED
 WALK-TARU BUILDING PERMIT
 BR 1080700165
 DATE: 5/27/07
 LOT 17
 44,154 S.F.

PLAN
 SCALE: 1" = 30'

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B-153321

Site Address 14730 Montpelier Dr
 Property Owner's Name Toll Bros. Inc
 Address 7164 Columbia Gateway Dr
 City Columbia State MD Zip Code 21046
 Suite/Apt. # TAX ID #04-369246 SDP/WFP/Petition #:
 Census Tract 6042 Subdivision Trinidad/Crossing
 Section _____ Area _____ Lot _____
 Home Phone _____ Work Phone 410 870-4115
 Tax Map 21 Parcel 97 Grid 17
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Zoning R1050 Map Coordinates 7512 Lot size _____
 Phone _____ Fax _____
 Existing Use Void Lot
 Contractor Company Toll Bros. Inc
 Proposed Use Family Dwelling
 Contact Person Brett Roberts
 Estimated Construction Cost \$ _____
 Address 7164 Columbia Gateway Dr
 Description of Work 4100 sq ft addition
 City Columbia State MD Zip Code 21046
 License No. _____
 Phone _____ Fax _____
 Occupant or Tenant Toll Bros. Inc
 Engineer or Architect Company Richardson Engineers
 Contact Name Brett Roberts
 Contact Person David Thompson
 Address 5700 Bell Hill Rd
 Address _____
 City Ellicott City State MD Zip Code 21043
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>2</u> Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

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Applicant's Signature Brett Roberts Print Name Brett Roberts
 Title/Company _____ Date 4/14/05

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
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AGENCY	DATE	SIGNATURE APPROVAL
State Highway		
Building Official		
Dev. Engineering DPZ		
Health	<u>5/17/05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION		PROPERTY ID#
Front: _____	Filing fee \$ _____	<u>65317</u>
Rear: _____	Permit fee \$ _____	
Side: _____	Excise tax \$ _____	
Side St: _____	Add'l per. fee \$ _____	
All minimum setbacks met?	TOTAL FEES \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Entrance Permit required?	Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>5462508</u>	
Historic District?	Validation # <u>39364</u>	
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for NewTown Zone _____		
SDP/Red-line approval date _____		

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: OED, DPZ Pink: Health Gold: SHA
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